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Fax Transmission | Date: September 9, 2005

To: USPTO From: Paul M. Thompson

Company: Our Ref.: CMED.01US01

Your Ref: Application No. 10/661,377 Fax No.: (970) 492-1101

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PAGE 1/23 * RCVD AT 9/9/2005 1:29:51 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/24 * DNIS:2738300 * CSID: * DURATION (mm:ss):06:26

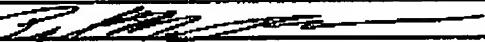
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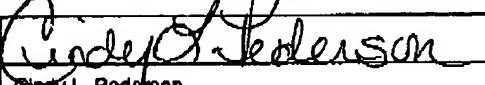
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/661,377
		Filing Date	Sep 12, 2003
		First Named Inventor	WERSCHMIDT, GARY
		Art Unit	3838
		Examiner Name	Stephen A. Vu
Total Number of Pages in This Submission	22	Attorney Docket Number	CMED.01US01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks "Amendment A" (Response to Non-Final Office Action dated June 9, 2005)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Cochran Freund & Young LLC		
Signature			
Printed name	Paul M. Thompson		
Date	September 9, 2005	Reg. No.	52,286

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Cindy L. Pederson	Date	September 9, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Gary S. Werschmidt

Examiner: Stephen A. Vu

Application No.: 10/661,377

Group Art Unit: 3636

Filed: 12 September 2003

Docket: CMED.01US01

Title: CUSTOMIZED ARTICULATING ANATOMICAL SUPPORT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT A

Dear Sir:

In response to the Non-Final Office Action dated June 9, 2005, please amend the above-identified application as follows:

AMENDMENTS TO THE SPECIFICATION begins on page 2 of this paper.

AMENDMENTS TO THE CLAIMS are reflected in the listing of claims, which begins on page 3 of this paper.

REMARKS begin on page 17 of this paper.